

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90231 026 ***150.00

DOCUMENT # P00000070728

1. Entity Name

THE PALMETTO INVESTMENT COMPANY

Principal Place of Business

4901 SUAREZ BLUFF ROAD
 FERNANDINA BEACH FL 32034

Mailing Address

4901 SUAREZ BLUFF ROAD
 FERNANDINA BEACH FL 32034

2. Principal Place of Business

4901 Suarez Bluff Rd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Fern. Bch, FL

City & State

4. FEI Number

59-3663335

Applied For

Not Applicable

Zip

32034

Country

US

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POTEAT, CHRISTOPHER L
 4901 SUAREZ BLUFF ROAD
 FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP
 President Christopher L. Poteat 4901 Suarez Bluff Rd Fern. Bch, FL 32034 Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition

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TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Christopher L. Poteat* President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/15/01 Daytime Phone #: 904-710-2436

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CR2E034 (10/00)